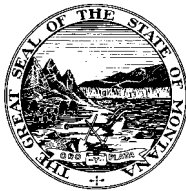


STATE OF MONTANA

Prepare, sign and submit an ORIGINAL AND COPY with fee.

This is the minimum information required.

APPLICATION of REINSTATEMENT
or REVIVER
DOMESTIC or FOREIGN



MAIL TO: MIKE COONEY
Secretary of State
P.O. Box 202801
Helena, MT 59620-2801
(406)444-3665

(This space for use by the Secretary of State only)

Form: REV
Filing Fee: \$

☐ Priority Filing Add \$20.00

PLEASE CHECK ONE BOX:

- ☐ Domestic Reviver(15-31-524, MCA) \$15.00 ☐ Foreign Reviver(15-31-524, MCA) \$15.00
☐ Domestic Reinstatement(35-6-201, MCA) fee varies

► **FIRST:** The exact name of the corporation is _____

► **SECOND:** The assets of the corporation have not been liquidated pursuant to Sections 35-1-938 through 35-1-943, MCA, if a profit corporation, or Sections 35-2-726 through 35-2-727, MCA, if a nonprofit corporation.

► **THIRD:** Not less than a majority of its directors have authorized this Application of Reinstatement/Reviver.

► **FOURTH:** If the corporate name has been legally acquired by another corporation prior to its Application for Reinstatement, the corporation desires to be reinstated with the new name of _____

► **FIFTH:** *For Domestic or Foreign Reviver*, the corporation submits with this application a Certificate of Reinstatement of Suspended Corporation obtained from the Department of Revenue evidencing payment of delinquent taxes.

► **SIXTH:** *For Domestic Reinstatement*, the corporation submits a certificate from the Department of Revenue stating that all taxes imposed pursuant to Title 15 have been paid as well as the delinquent annual corporation reports for which the corporation was dissolved, with their respective filing fees.

► **I, HEREBY SWEAR AND AFFIRM**, under penalty of law, that the facts contained in this Application are true.

Date of Application

Signature of Officer or Chair of the Board

Exact Name and Title of Authorized Person

Application of Reinstatement or Reviver Domestic or Foreign

HELP SHEET

- ☞ This form is to be used to revive any corporation having suffered a suspension or forfeiture or to reinstate any dissolved corporation, restoring its right to transact business in Montana.
- ☞ Application for reviver is to be made by any stockholder or creditor of the corporation or by a majority of the surviving trustees or directors less than one year from the date of suspension or forfeiture. If more than a year elapses before an application for reviver is submitted, the corporation shall pay twice the amount of the tax and penalties due the state for the taxable year for which they were delinquent.
- ☞ For reinstatement, this form is to be completed by a person who was an officer or director of the corporation at the time of its dissolution not more than five years after the dissolution.
- ☞ You may request priority filing of your document. Simply mark the “priority filing” box and include an additional \$20.00 with your filing fee. Priority filing ensures that your application will be handled within 24 hours of receipt of the document by our office.
- ☞ Please type or clearly print the requested information.

Schedule of fees

Domestic or Foreign Reviver	\$15.00
Domestic Reinstatement (based on number of authorized shares)	
0 to 50,000 shares	\$35.00
50,001 to 100,000 shares	60.00
100,001 to 250,000 shares	135.00
250,001 to 500,000 shares	310.00
500,001 to 1,000,000 shares	510.00
\$30.00 for every year annual report is not filed	

- ☞ Upon completion, mail the original, one **copy**, and the correct filing fee to the Secretary of State, PO Box 202801, Helena, MT 59620-2801.
- ☞ The Secretary of State will send a letter of acknowledgment to you once your document has been filed with our office.
- ☞ If you have any questions regarding this form, please contact the Secretary of State, Business Services Bureau at (406) 444-3665.